

CONTRACT DATA REQUIREMENTS LIST

(2 Data Items)

Form Approved
OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 220 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.

A. CONTRACT LINE ITEM NO. 0003,		B. EXHIBIT A		C. CATEGORY: TDP _____ TM- _____ OTHER _____	
D. SYSTEM / ITEM Support Services for SPAWAR 02		E. CONTRACT / PR NO. N00039-00-PR-EKT42		F. CONTRACTOR	
1. DATA ITEM NO. A001	2. TITLE OF DATA ITEM Close-out Status Report			3. SUBTITLE	
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE SOW 10.3.1		6. REQUIRING OFFICE SPAWAR 02-4	
7. DD 250 REQ Yes	9. DIST STATEMENT REQUIRED Yes	10. FREQUENCY Monthly-See block 16	12. DATE OF FIRST SUBMISSION See block 16	14. DISTRIBUTION	
8. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION See block 16	a. ADDRESSEE	b. COPIES
16. REMARKS 10. One yearly report also required. 12 30 days after contract award/option exercise 13. 30 days after previous submission 14. Hard copy and electronic copy submitted to mcginnie@spawar.navy.mil					
				15. TOTAL →	
1. DATA ITEM NO.		2. TITLE OF DATA ITEM		3. SUBTITLE	
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE		6. REQUIRING OFFICE	
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION	
8. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	a. ADDRESSEE	b. COPIES
16. REMARKS					
				15. TOTAL →	
G. PREPARED BY		H. DATE	I. APPROVED BY		J. DATE

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

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17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

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A. CONTRACT LINE ITEM NO. 0006		B. EXHIBIT C		C. CATEGORY: TDP _____ TM- _____ OTHER _____	
D. SYSTEM / ITEM Financial Support Services 01		E. CONTRACT / PR NO. N00039-00-PR-EKT42		F. CONTRACTOR	
1. DATA ITEM NO. A0001		2. TITLE OF DATA ITEM Monthly Financial Status Report		3. SUBTITLE	
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE 4.2.1		6. REQUIRING OFFICE SPAWAR 01-41/42	
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY See Block 16	12. DATE OF FIRST SUBMISSION See Block 16	14. DISTRIBUTION	
8. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION See Block 16	a. ADDRESSEE	b. COPIES
16. REMARKS 10. Monthly 12. 40 days after contract award/option exercised 13. 30 days after previous. 14. Report shall be submitted electronically in MS Excel format to: cummingr@spawar.navy.mil darwinf@spawar.navy.mil Use attached sample for required detail.					
1. DATA ITEM NO.		2. TITLE OF DATA ITEM		3. SUBTITLE	
4. AUTHORITY (Data Acquisition Document No.)		5. CONTRACT REFERENCE		6. REQUIRING OFFICE	
7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION	14. DISTRIBUTION	
8. APP CODE		11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION	a. ADDRESSEE	b. COPIES
16. REMARKS					
G. PREPARED BY		H. DATE	I. APPROVED BY		J. DATE

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

17. PRICE GROUP
18. ESTIMATED TOTAL PRICE

Company Name
Monthly Status Report
Accounting Section

Date:
Page:

Contract Nr:

Group Manager:

Task Order Number:

Reporting Period:

1. CURRENT PERIOD CHARGES

A. Current Period Labor: Standard Hours This Period: ____

Task	Employee Name	FY Year	On-Site Hours		Off-Site Hours	
			Reg	O/T	Reg	O/T
II	Doe, John B.	2	000		000	
1.4 A-6						
II	Here, Irvin B.	2	000		000	
1.4 H-O						

B. Current Period ODCs:

Vendor	Purpose	Date Paid	Amount Paid
			----- \$ 0.00

C. Prior Period Adjustments:

(1) Labor:

Employee Name	FY Year	On-Site Hours		Off-Site Hours		Prior Period
		Reg	O/T	Reg	O/T	

(2) ODCS:

Vendor	Purpose	Date Paid	Amount Paid	Reason for Adjustment
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EXHIBIT A

Company Name
Monthly Status Report
Accounting Section

Date:
Page:

Contract Nr:

Group Manager:

Task Order Number:

Reporting Period

2. BILLING SUMMARY

A. LABOR

<u>Task</u>	<u>FY</u> <u>Year</u>	<u>Reg/</u> <u>O/T</u>	<u>On/Off</u> <u>Site</u>	<u>Rate</u>	<u>Current Period</u>		<u>Task To Date</u>		<u>Negotiated</u>		<u>Remaining</u>	
					<u>Hours</u>	<u>Cost</u>	<u>Hours</u>	<u>Cost</u>	<u>Hours</u>	<u>Cost</u>	<u>Hours</u>	<u>Cost</u>
II	2	Reg	On	00.00	000	00.00	000	00.00	000	00.00	000	00.00
1.4 A-6	2	O/T	On	00.00	000	00.00	000	00.00	000	00.00	000	00.00
Total Labor					000	00.00	000	00.00	000	00.00	000	00.00
II	2	Reg	On	00.00	000	00.00	000	00.00	000	00.00	000	00.00
1.4 H-O	2	O/T	On			00.00	000	00.00	000	00.00	000	00.00
Total Labor					000	00.00	000	00.00	000	00.00	000	00.00
SUMMARY TOTAL					000	00.00	000	00.00	000	00.00	000	00.00

EXHIBIT A